

APPLICATION FOR DUPLICATE LICENSE

This form is not to be used to request a duplicate due to a name change (see Application For Name Change)

Iowa Department of Public Health/Bureau of Professional Licensure

Lucas Office Bldg., 5th Floor, 321 E. 12th Street, Des Moines, IA 50319-0075

Website: <http://www.idph.iowa.gov/licensure>

Online Licensure Services: <https://ibplicense.iowa.gov>

TO BE COMPLETED BY LICENSEE (*TYPE OR PRINT*). Incomplete applications will be returned.

1. _____ 2. _____
Last Name First Name and Middle Name

3. _____
Current Mailing Address City, State, Zip Code

4. _____ 5. _____
Profession & License Number E-Mail Address

6. _____ 7. _____ 8. _____
Daytime Phone (Including Area Code) Date of Birth Social Security Number

☐ Reason for request for duplicate **licensure/wallet cards**. The fee is \$20.00. Make check/money order payable to your licensing board.

- ☐ Lost.
- ☐ Stolen.
- ☐ Destroyed.
- ☐ Did not receive the original wallet card.

Approximate date card(s) was lost, stolen, or destroyed (*if applicable*) _____.

☐ Reason for request for a duplicate **8x10 license certificate**. The fee is \$20. Make check/money order payable to your licensing board.

- ☐ Lost.
- ☐ Stolen.
- ☐ Destroyed.
- ☐ Did not receive the original certificate of licensure.

Approximate date certificate(s) was lost, stolen, or destroyed (*if applicable*) _____.

THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

I hereby affirm that the above stated document has not been given away, loaned or sold to any person and that I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification, it may be deemed as fraud and deceit and that, if founded, the Board has the authority to impose disciplinary action.

Licensee's signature: _____
(*To be signed in presence of a notary*)

Notary of public signature: _____ Commission expires: _____

Subscribed and sworn to me this _____ day of _____, 20_____.

State of: _____ County of: _____.

S E A L